



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Wachendorff-Neumann *et al.*

Appl. No.: 10/518,669

§ 371 Date: July 21, 2005

For: **Fungicidal Combinations of Active
Substances**

Confirmation No.: 6796

Art Unit: 1616

Examiner: Qazi, Sabiha Naim

Atty. Docket: 2400.0240001/SRL/BLS

Petition for Extension of Time Under 37 C.F.R. § 1.136(a)(1)

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Mail Stop Amendment

Sir:

It is hereby requested that the period for replying to the outstanding Office Action be extended two months from February 28, 2006, to April 28, 2006, by the filing of this Petition and fee payment.

The petition fee (37 C.F.R. § 1.17(a)) is believed to be \$450.00 for a two-month extension for a large entity. Fee payment is provided in our accompanying PTO-2038 Credit Card Payment Form. However, if extensions of time under 37 C.F.R. § 1.136 other than those provided herewith are required to prevent abandonment of the present patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

05/03/2006 BABRAHA1 00000005 10518669

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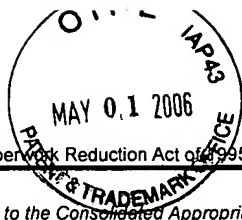
450.00 DP

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Bryan L. Skelton
Agent for Applicants
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Date: May 1, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

Complete if Known

| | |
|----------------------|----------------------------|
| Application Number | 10/518,669 |
| Filing Date | July 21, 2005 |
| First Named Inventor | Wachendorff-Neumann et al. |
| Examiner Name | Qazi, Sabiha Naim |
| Art Unit | 1616 |
| Attorney Docket No. | 2400.0240001/SRL/BLS |

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | | |
|--------------|--------------|----------|---------------|---------------------------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
| - 20 or HP = | x | = | | Fee (\$) | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = | x | = | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \$450 Extension for reply within second month 450

SUBMITTED BY

| | | | | | |
|-------------------|------------------|-----------------------------------|-------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 50,893 | Telephone | (202) 371-2600 |
| Name (Print/Type) | Bryan L. Skelton | Date | May 1, 2006 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.